

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	C.S.W.	45	1/27
FORMALITY REVIEW			15 Dec, 1999

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## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 : ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	5/19/01 1/24
2	5/19/01 1/24
3	
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33	
34	
35	
36	
37	
38	N
39	N
40	✓
41	
42	
43	
44	
45	
46	J
47	N
48	N
49	N
50	V V

Claim	Date
Final	
Original	
51	6/18/00 1/24
52	19/1 or 1/24
53	
54	
55	
56	
57	
58	
59	
60	
61	
62	
63	N
64	N
65	✓
66	
67	
68	
69	
70	✓
71	N
72	
73	
74	✓
75	✓
76	✓
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100	

Claim	Date
Final	
Original	
101	8/1/01 1/24
102	10/20/01 1/24
103	
104	
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111	
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114	
115	
116	
117	
118	
119	
120	
121	✓
122	
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124	
125	
126	
127	
128	
129	
130	
131	✓
132	✓
133	
134	
135	
136	
137	
138	
139	
140	✓ ✓
141	✓ ✓ ✓
142	
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If more than 150 claims or 10 actions  
staple additional sheet here